



Youth Basketball League REGISTRATION FORM

Please check one:



Male



Female

Child's Full Name (please print clearly)		Date of Birth		Age (on 11/1/15)					
Address		City		State		Zip Code			
<input type="checkbox"/> 5/6 YR OLD		<input type="checkbox"/> 7/8 YR OLD		<input type="checkbox"/> 9/10 YR OLD		<input type="checkbox"/> 11/12 YR OLD		<input type="checkbox"/> 13/14 YR OLD	
For Ages 9/10 and up, please check one of the two divisions:				<input type="checkbox"/> Silver (Beginner/Intermediate)		<input type="checkbox"/> Gold (Advanced/Competitive)			
Mother /Guardian Name _____				Home# _____					
				Cell # _____					
Mothers Email Address: _____				Work # _____					
Father /Guardian Name _____				Home# _____					
				Cell # _____					
Fathers Email Address: _____				Work # _____					
Emergency Contact Name _____				Phone Number _____					
Participant Medical History									
Child has following conditions:				Current medications, special diet, allergies:					
Other Information:				Child's Limitations:					
T-SHIRT SIZE FOR YOUTH PARTICIPANT ONLY (PLEASE CONSIDER ORDERING ONE (1) SIZE LARGER) <i>(If parents order the wrong size of uniform, then parents will have to pay for an additional uniform.)</i>									
YOUTH		<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL					
ADULT		<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL		
If possible, please place my child on the same team as: _____									
Preferred Coach (We will do our best to place your child on your preferred team. However, it is NOT GUARANTEED)									
Birth Certificate Verification									





REFUND POLICY

Administration will consider Request for Refunds on an individual basis pertaining medical and or extenuating circumstances. Refund request must be made within 90 days of payment.

PARENTS' CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE, AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS PARENTS' CODE OF ETHICS PLEDGE.

- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME, PRACTICE, OR OTHER YOUTH SPORTS EVENT.
- I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL BEING OF MY CHILD AHEAD OF A PERSONAL DESIRE TO WIN.
- I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT.
- I WILL SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD, IN ORDER TO ENCOURAGE A POSITIVE AND ENJOYABLE EXPERIENCE FOR ALL.
- I WILL DEMAND A SPORTS ENVIRONMENT FOR MY CHILD THAT IS FREE OF DRUGS, TOBACCO, AND ALCOHOL, AND WILL REFRAIN FROM THEIR USE AT ALL YOUTH SPORTS EVENTS.
- I WILL REMEMBER THAT THE GAME IS FOR YOUTH-NOT FOR ADULTS.
- I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR MY CHILD.
- I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS, AND OFFICIALS, WITH RESPECT REGARDLESS OF RACE, SEX, AND CREED, OR ABILITY.
- I PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE BY DOING WHATEVER I CAN, SUCH AS BEING A RESPECTABLE FAN, ASSISTING WITH COACHING, OR PROVIDING TRANSPORTATION.
- I WILL REQUIRE THAT MY CHILD'S COACH BE TRAINED IN THE RESPONSIBILITIES OF BEING A YOUTH SPORTS COACH AND THAT THE COACH UPHOLDS THE COACHES' CODE OF ETHICS.

HOLD HARMLESS AGREEMENT

We hereby request that our child, _____, be permitted to participate in the Bernalillo County Sports Program Youth Basketball League I for the 2015-2016 Season.

If our request is granted we understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, Sports Officials, Bernalillo County Employees and Contractors and those assisting in the Youth Basketball League from any claims, suits, actions or causes of action arising out of any accident/incident or conduct involving us or our child, this includes but is not limited to the costs and reasonable attorney's fees associated with any claims, suits, actions or causes of action.

PARENT/GUARDIAN SIGNATURE

DATE